1. Applicant Corporation/Limited Liability Company Identification:

FOR LCC USE ONLY

## INDIVIDUAL STOCKHOLDER, LIMITED LIABILITY COMPANY MEMBER OR CORPORATE STOCKHOLDER QUESTIONNAIRE

(Authorized by MAC R436.1103)

Instructions: Completion of this form is required to be considered for a license. All applicants must complete parts 1 & 2. Individual stockholders / members must also complete part 3. Corporate stockholders must also complete part 4. Sign the completed form in ink and return it to the Commission address above.

Full Name of Corporation/	Limited Company:				
Street Address:	City or Village:		Coui	County:	
	Identification – all stockhol rate Stockholder or Limited L			ite):	
Street Address:	City o	or Village:	State:	Zip Code:	
Home Phone No.	Business Phone No. ( )				
I am, or will be, the owner of (include joint ownership, trus		this Corporation or %	of membership intere	st in the Limited Liability Company	
Number of Shares/ % of Interest	Common or Preferred	Other Names o	n these Shares or m	nembership interest, if any	
3. Individual Stockholde	rs/Members – Complete thi	is section:			
Sex Height	Weight	Hair Color	Eye	Color	
Date of Birth	Place of Birth		Social Security	No	
Full Name of Spouse					
If you are not a U.S. Citize	n – are you a registered alie OR do you have a Visa?		lo lo		
Have you ever legally cha	nged your name? Yes	No If Yes, Fron	n	То	
Have you ever been know	n by any other names?	Yes No List N	lames:		
Have you ever been arres	ted? Yes No If yes,	list all arrests, exclu	uding minor traffic o	ffenses, include alcohol arrests:	
DATE	PLACE	CHARGE	DIS	SPOSITION	

Yes

No

Do you or your spouse hold any law enforcement powers including powers of arrest?

I or my spouse previously held, or no stockholder / member:	ow hold, interest in the following licenses	for sale of alcoholic beverages as	sole licensee, partner, or
Name of Licensee	Type of License	Location	Date
3. Individual Stockholders / Me List your occupations for the past 3 y			
FROM TO	OCCUPATION	NAME and ADDRE	SS of EMPLOYER
	nited Liability Company Members		
Incorporated/organized in		ep# e.gaee	
what State?		Michigan Authorization date:	
Resident Agent: Name	Addr	Dho	one No.
,	Profit or Non-Profit Corporation	·	on
Date last annual report / stateme	nt filed with Michigan Corporation &	Securities:	
Corporate Officers: Name		Address	Phone No.
President			
Vice-President			
Secretary			
Treasurer			
Number of shares authorized:	Common	Preferred	
Number of shares issued:	Common	Preferred	
BINDING AGREEMENTS IN THE EXPE	ALL APPLICANTS FOR LICENSES NOT T CTATION OF BEING ISSUED A LICENSE F THEIR APPLICATION HAS BEEN APPRO	FOR SALE OF ALCOHOLIC BEVERAG	
Commission to act or refrain this act is guilty of a violation regulations of the Commission another person whose name the license to use or benefit	Liquor Control Code provides: e or fraudulent statement to the Commis from taking action, or for the purpose of n of this act and is punishable in the man on entitled "General Rules" provide: "A li e does not appear on the license nor sha from the license," and, "A licensee shall or written approval of the Commission."	enabling or assisting any person to ner provided for in section 909." F censee shall not obtain a license fo all a licensee allow a person whose	o evade the provisions of urther, the rules and or the use or benefit of name does not appear on
I hereby swear that I have read all of	the above answers and that they are tru	ue and that I have read and unders	tand the warning.
Date of Application	Signature of Applicant (if applica	nt is a corporation, include title	of signor)
	Name of person completing this t	form if not applicant	